## U.S. Department of Justice 7-JAR Doc. #: 325 Filed: 09/28/16 Receipe And Refundation United States Marshals Service

PLAINTIFF UNITED STATES OF AMERICA							COURT CASE NUMBER <b>FILED</b> 4:14CR00187 JAR		
DEFENDANT Pamela Tabatt, et al.						TYPE OF PROCESS Final Order of Partie Count			
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  ST. LOUIS  Approximately \$85,059.82 from First Community Credit Union, Acct. #920304515								
AŤ	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)								
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:						Number of process to be served with this Form - 285			
Ot 11	set Forfeiture fice of the United 1 South Tenth Stre	et, 20th Floor	;y			Number of parties to be served in this case			
St SPECIAL INSTE	Louis, Missouri	63102  THER INFORMA		ASSIST IN EXI	PEDITING SERVIC	Check for serv E (Include Bi		te Address, All	
DISPOSE AC	CORDING TO	D LAW / 13-D	EA-589287					SEP 26 PM 4:0	
Signature of Attorney or other Originator requesting service on behalf of :   /s/ Jennifer A. Winfield  DEFENDAN								DATE September 26, 2016	
SPACE BE  I acknowledge rece number of process i (Sign only first USM one USM 285 is sub	ipt for the total ndicated. 1 285 if more than	Total Process	U.S. MARSHAL ONLY - DO NOT WRITE BE Docess District of Origin District to Serve Signature of No. 44 No. 44			thorized USMS Deputy or Clerk  Date  9-26-16			
I hereby certify individual, comp	and return that I any, corporation, e	have personally tc. at the address	served, $\square$ have leg shown above or on t	al evidence of ser he individual, cor	have execumpany, corporation,	ted as shown etc., shown at	in Remarks", the p the address inserte	process described on the	
☐ I hereby certify	and return that I an	n unable to locate the	individual, company,	corporation, etc., na	amed above (See remark	ks below).			
Name and title of individual served (If not shown above).						A person of suitable age and discretion then residing in the defendant's usual place of abode.			
Address (complete only if different than shown above)						Date of Service Time am pm			
						Signature	GUS Marshal of De	puty	
Service Fee	Total Mileage Cl (including endea		ing Fee Total	Charges U5	Advance Deposits	Amount	wed to Warshal or	Amount or Refund	
REMARKS:			来 Asset Dis	posed Acco	ording to Law				
		\$8	5,059.82 dep	osited to Al	FF 09/27/2016	6.			
PRIOR EDITIONS MAY BE USED			1. CLERK OF THE COURT				FORM USM 285 (Rev. 12/15/80)		
USMS RECOR		NOTICE OF SERV	ЛСЕ	□ BILLING	STATEMENT		ACKNOWLEDGA	MENT OF RECEIPT	